### NONPROVISIONAL PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Attorney Docket No.:

116581

Date: July 16, 2003

# MAIL STOP PATENT APPLICATION

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)** 

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

X

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

IMAGE FORMING APPARATUS, MANAGEMENT METHOD FOR REPLACEMENT

PART USED THEREFOR, AND MANAGEMENT PROGRAM FOR REPLACEMENT

**PART** 

By (Inventors):

Katsumi HARAMOTO

X	Formal drawings (Figs. 1-17; 16 sheets) are attached.
	Use Figure for front page of Publication.
	A Declaration and Power of Attorney is filed herewith.
	This application claims benefit of Provisional Application No filed
	(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
$\boxtimes$	This patent application is assigned to <u>FUJI XEROX CO., LTD.</u> .
	The executed Assignment is filed herewith.
	An Information Disclosure Statement is filed herewith.
	Entitlement to small entity status is hereby asserted.
	A Preliminary Amendment is filed herewith.
$\boxtimes$	Priority of foreign application(s) No. 2002-339260 filed November 22, 2002 in JAPAN is claimed (35 U.S.C. §119).
	A certified copy of the above corresponding foreign application(s) is filed herewith.
	This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that
	the invention disclosed in this application has not been and will not be the subject of an application filed in another

country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

## CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

The filing fee is calculated below:

FOR:	NO. FILED	NO. EXTRA		
BASIC FEE		And the second s		
TOTAL CLAIMS	34 - 20	= 14		
INDEP CLAIMS	4 - 3	= 1		
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED				

<sup>\*</sup> If the difference is less than zero, enter "0".

1	RATE	FEE	<u>OR</u>		
		\$ 375	<u>OR</u>		
	x 9=	\$	<u>OR</u>		
	x 42 =	\$	<u>OR</u>		
	+ 140 =	\$	<u>OR</u>		
	TOTAL	\$	<u>OR</u>		
	- Clina for is attached. Every				

OTHER THAN A **SMALL ENTITY** 

RATE	FEE	
	\$ 750	
x 18	\$ 252	
x 84	\$ 84	
+ 280	\$	
TOTAL	\$1,086	

 $\times$ Check No. 144298 in the amount of \$1,086.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully, submitted,

Joel S. Armstrong Registration No. 36,430

JAO:JSA/tal